

“Healthcare-Associated Infections: Translating Knowledge into Practice”



**Renaissance Las Vegas Hotel
3400 Paradise Road
Las Vegas, Nevada 89169**

**Wednesday and Thursday, July 22-23, 2009
8:00 a.m. – 5:00 p.m.**

Nevada State Health Division, Bureau of Health Care Quality & Compliance has designed this program for professionals currently practicing or interested in the fields of infection prevention and their respective facility administration. Targeted attendees will include a variety of healthcare settings including acute care, long term care, group care, home care, hospice, behavioral health, surgery centers, dialysis units, public health, physician's offices, emergency services, and corporate/educational health services. At its conclusion, participants will be able to:

- Provide infection prevention and control tools for facility administrators, directors of nursing, infection preventionists, medical directors, and other key faculty staff;
- Define the roles and responsibilities of infection preventionists;
- Protect patients from infections and disease transmission;
- Provide regulatory guidance to infection prevention and control compliance;
- Learn how to use the National Healthcare Safety Network (NHSN); and
- Learn the facility's roles for identifying and controlling epidemics through public health response.

Faculty: **Russell Olmsted, MPH, CIC**, Epidemiologist, St. Joseph Mercy Health System, Ann Arbor, Michigan
Barbara M. Soule, RN, MPA, CIC, Practice Leader, Infection Prevention and Control, Joint Commission Resources, Inc., Oak Brook, Illinois
Betsy Hackman, RN, BSN, CIC, Emory University, Atlanta, Georgia
Katherine Allen-Bridson, RN, BSN, CIC, Nurse Epidemiologist, Centers for Disease Control and Prevention (CDC), Atlanta, Georgia

CME Credit: Area Health Education Center of Southern Nevada is accredited by the Nevada State Medical Association to provide continuing medical education for physicians.

Area Health Education Center of Southern Nevada designates this educational activity for a maximum of 15.0 *AMA APR Category 1 Credit(s)*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

CE Credit: Application has been made to the **National Commission for Health Education Credentialing, Inc. (NCHEC)** for **CHES** Category 1 continuing education contact hours (CHECH). This program has been approved by Area Health Education Center of Southern Nevada for 15.0 hours of **nursing** continuing education credits.

Fees: \$99.00

Refunds will be issued provided that seven (7) days written notice is given.

Note: There will be a non-refundable processing fee of \$25.00 on all cancellations.

Register: The registration deadline is Wednesday, July 15, 2009. To mail your registration, address envelope to: Area Health Education Center of Southern Nevada (AHEC), Attn: Continuing Education Program, 3014 W. Charleston Blvd., Suite 150, Las Vegas, NV 89102, or fax: (702) 318-8462.

Questions: Delores Stewart, Continuing Education Program Coordinator, dstewart@snahec.org or (702)318-8452.

Keep this information sheet for your records; fax or mail the registration page only

www.health.nv.gov/hcqc.htm



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July 15, 2009**

**Wednesday and Thursday, July 22-23, 2009
8:00 a.m. – 5:00 p.m.**

Please Print Clearly

Date: _____

Name: _____ Employer: _____

Daytime Phone: _____ Alternate Number: _____

E-mail: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Profession: _____ License No: _____

How did you learn about this training opportunity: (please check all that apply)

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Website | <input type="checkbox"/> Hardcopy brochure |
| <input type="checkbox"/> Promotional Postcard | <input type="checkbox"/> Colleague | <input type="checkbox"/> Fax |
| <input type="checkbox"/> Email | <input type="checkbox"/> Other: _____ | |

Release:

Area Health Education Center of Southern Nevada consistently utilizes live training opportunities to produce enduring or marketing materials. Submitted registrations are therefore considered photo and/or video releases to be used by the Area Health Education Center wherever it is determined that its use is appropriate to the mission of the agency.

☐ **If you do not want your image used, please check box.**

Bottom portion to remain in Accounting:

Registration fees are being covered by:

☐ Check # _____ ☐ Purchase Order # _____ ☐ Credit Card

Type of Card: ☐ VISA ☐ MC ☐ Discover ☐ American Express

Credit Card Number: _____ Exp Date: ____/____/____

Billing Address (if different from above) _____

City: _____ State: _____ Zip: _____

Name on card: _____ Signature: _____

Amount to be processed: \$ _____ Copy of Receipt: *Will be available at training*

For Accounting Use: Date: _____ Amount: _____ Acc Sign: _____ Ref #: _____

Please make a copy and keep this form for your records prior to mailing
Area Health Education Center of Southern Nevada (AHEC)
3014 W. Charleston Blvd., Suite 150, Las Vegas, NV 89102,
telephone (702) 318-8452, fax: (702) 318-8462